

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

APR 1 0 2002

Mr. Noor Akilah Quality Assurance Manager Great Gloves Sdn Bhd 24, Jalan Raja Mokhtar Dua Kapar, Selangor D.E., MALAYSIA

Re: K020363

Trade/Device Name: Latex Examination Powder-Free Gloves with Protein

Labeling Claim (50 Micrograms or Less)

Regulation Number: 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I Product Code: LYY Dated: March 19, 2002 Received: March 21, 2002

Dear Mr. Akilah:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health 3.0 Indications for Use Statement: Include the following or equivalent Indications for Use page. The information, data and labeling claims in the entire the 510(k) submission must support and agree with the Indications for Use statement.

		INDICATION	NS FOR USE		7	
pllcant:		SDN. BHD.				, , , , , , , , , , , , , , , , , , ,
O(k) Number	(020363		•		
evice Name: _		ATION POWDERFREE	GLOVES WITH F	ROTEIN LABEI (50 MICRO	LLING CLAIMS GRAMS OR LESS	s)
lications For	Use:					
and si	examination po milar personne nnel and the pa	owderfree gloves a el to prevent cont atient.	are worn on th camination bet	ne hands of 1 ween health:	nealth care care	
						•
			,			
			·			
						•
(PLEASI	E DO NOT WRIT	E BELOW THIS LINE	E - CONTINUE (ON ANOTHER	PAGE IF NEE	DED)
	Con	currence of CDRH Off	ice of Device Eva	aluation (ODE)		•
		Quin	S-Ch			
		(Division Sign-Of Division of Denta and General Hos 510(k) Number	al, Infection Contr	ol, 363		
Prescription			OR		Over-The-Cou	inter
Per 21 CFR	E 801.109				(Optional i	Formut 1:2

* For a new submission, do NOT fill in the 510(k) number blank.